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CONFIRMATION NO. 9510

SERIAL NUMBER 09/975,350	FILING OR 371(c) DATE 10/11/2001 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. CP215
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APPLICANTS

Martin J. Jacobs, West Chester, PA;  
 Bradley T. McIntyre, Thorndale, PA;  
 Piyush R. Patel, Wallingford, PA;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/239,490 10/11/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/14/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 6

ADDRESS

27573

TITLE

Compositions comprising modafinil compounds

FILING FEE RECEIVED 2968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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